

Shorewood Christian School

New Student Application

(One per student)

Date of Application _____

STUDENT INFORMATION

Name: _____
Last First Middle

Name child prefers to be called: _____

Sex: Male Female Age: _____ Birth date: _____

Race: Asian/Pacific Is. Black Caucasian Hispanic Native American
Other (specify) _____ (This information for reporting purposes only)

School Transferring From: _____

Most Recent Classroom Teacher: _____ Phone: _____

List your child's special interests, skills, or hobbies: _____

List any major areas of difficulty your child has had in school: _____

GRADE APPLYING FOR

- 4 & 5 Year Old Pre-Kindergarten A.M. (5 days) All Day Kindergarten
 1st Grade 2nd Grade 3rd Grade 4th Grade
 5th Grade 6th Grade 7th Grade 8th Grade

Shorewood Christian School admits students of any race, color, national or ethnic origin to all its programs, privileges, and activities. It does not discriminate on the basis of race, color, national or ethnic origin administration policies, or scholarship programs.

Office use only: Date _____	Total Amount Paid \$ _____	Cash - Check # _____
Registration \$ _____	Testing Fee \$ _____	Testing Date/Time _____